

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033178

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 272

Primary Registration District No. 4410

Registrar's No. 39

FILED SEP 10 1963

1. PLACE OF DEATH

a. COUNTY

Phelps

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. James

Length of stay in 1b

3 months

c. FULL NAME OF DECEASED (If in hospital, give location)
HOSPITAL OR INSTITUTIONState-Federal
Soldiers Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Dent

c. CITY
OR TOWN

Salem

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

409 So. Jackson

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

LILLIE

Middle

TEVERBAUGH

Last

4. DATE
OF DEATH

Month

Day

Year

Sept.

4

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9/2/72

9. AGE (last birthday)

91

10. IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Household Domestic

10b. KIND OF BUSINESS OR INDUSTRY

Self-employed

11. BIRTHPLACE (City and state or country)

Dent County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Pontilius Butts

13b. MOTHER'S MAIDEN NAME

Susan Warden

14. NAME OF HUSBAND OR WIFE

John (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

948

17. INFORMANT

Ralph Teverbaugh

Address

Salem, Mo.

18. CAUSE OF DEATH (Enter only one cause plus
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Degenerative heart disease
ArteriosclerosisINTERVAL BETWEEN
ONSET AND DEATH

10 yr

20 yr

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month; Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-10-63 to 9-4-63 and last saw him alive on 9-3-63
Death occurred at 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. W. Stricker M.D.

22b. ADDRESS

St James Mo

22c. DATE SIGNED

9-7-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

9/6/1963

23c. NAME OF CEMETERY OR CREMATORY

Cedar Grove Cemetery

23d. LOCATION (City, town, or county)

Salem

Missouri

24. FUNERAL DIRECTOR

Way L. Wray

ADDRESS

Salem, Mo.

25. DATE REC'D. BY LOCAL REG.

9-7-63

26. REGISTRAR'S SIGNATURE

Ruth B. Powell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0810

2 0331

3

4 1

5 2

6

7 0

8 0

9 422.1

10

11

12 86-0

13 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Max L. Uarfel

Licensed Embalmer No. 4170

P. O. Address Oakland, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 9-14-63 issuing doctor signature 1944